

**COMMONWEALTH OF KENTUCKY POST-EXPOSURE SMALLPOX  
RESPONSE PLAN  
Executive Summary (12/10/02)**

## **Introduction**

The Department for Public Health submitted its proposed Smallpox Response Plan to the Centers for Disease Control and Prevention (CDC) on December 2, 2002. That plan describes how Kentucky will respond *if* we have cases of smallpox in the state. The CDC calls this the Smallpox Response Plan; it is also sometimes referred to as the “post-event plan.” It acknowledges that some of the state’s health care workers would need to be vaccinated in advance but leaves the details for this to be included in a separate pre-event vaccination plan.

The Smallpox Response Plan acknowledges that:

- Smallpox can be used as a weapon,
- That it has been over 30 years since vaccination was routinely required,
- That many people have not been vaccinated,
- That most health care workers have never seen or treated smallpox,
- That people are more mobile and live closer together than they did in 1949 when the United States had its last case of imported smallpox, and
- That many Kentuckians have medical conditions that make it unwise to vaccinate them in the absence of smallpox.

## **Guidelines**

Policies used as guidance for the Kentucky plan originated at the CDC. More information is available at <http://www.bt.cdc.gov/agent/smallpox/response-plan/index.asp>. State and local health department plans conform with these guidelines and assume that any case of smallpox in Kentucky would be a hazardous materials incident with additional complicating factors.

The guiding principles for Kentucky’s plan include:

- There will be a crisis phase that includes criminal investigation that could last for an extended time, because of time lags between an intentional release of smallpox and the appearance of symptoms, treatment, and public health investigation and subsequent vaccination of persons exposed to initial cases,
- The extent of exposure may take time to determine because we are a mobile society and because the disease spreads from person-to-person, and
- Responding to smallpox will be a new experience that is different from the standard procedures used in outbreak investigations.

The plan assumes that:

- The Department for Public Health will be the lead agency for a smallpox emergency,
- A single case outside a laboratory or research setting will be considered a terrorist act,
- Terrorist acts, by their nature, are likely to be covert until disease is present,
- Any case of smallpox will activate public health emergency responses,
- Confirmed cases will be managed in a hospital-like environment,
- Some persons will have adverse reactions to smallpox vaccine,
- There will be enough vaccine and Vaccinia Immune Globulin (VIG--used to treat certain side effects of smallpox vaccine) for people who need it, and
- Medical detective work (surveillance and epidemiology) along with vaccinating close contacts and those living near them (ring vaccination) is the preferred response because it eliminated the disease before.

## **Organization and Management of Response**

Kentucky's state and local government agencies have a long history of coordinating with the private sector during floods, fires, tornadoes, and other natural disasters. Coordinating a response to smallpox vaccination or infection builds on the protocols that have been put in place to govern those emergency situations. The Kentucky Department for Public Health would organize and manage the smallpox response, including a post-event vaccination program in cooperation with other federal, state and local agencies.

The plan outlines how Kentucky health care organizations would respond to an intentional release of smallpox in Kentucky.

## **Vaccination Strategy**

The keys to responding to an outbreak of smallpox are to detect it, confirm it, and then prevent its spread through vaccination. The state has several teams of "medical detectives" and others to perform this work and these teams are called "Smallpox Response Teams." People who will be members of these teams will need to be vaccinated even if there is no disease so that they can provide a quick and uninterrupted response in the presence of *possible* cases and potential exposure to smallpox. Vaccination in advance of any cases of smallpox and the reasons for it are covered in the pre-event plan.

Kentucky's Smallpox Response Plan describes the protocols that would be followed if there is a confirmed case of smallpox in Kentucky. The plan requires that all health departments, acute care hospitals, and physicians in Kentucky be notified immediately. The Department for Public Health will notify these entities and will provide up to date information on case definitions, laboratory testing guidelines, and contact information.

The Smallpox Response Teams that have been designated in advance to respond to a smallpox outbreak will interview patients and their contacts to find out where they got the disease and whom they may have exposed. Investigators will determine those at greatest risk of catching smallpox from the case (e.g. family members, health care givers) and they will contact these people to make sure they promptly receive smallpox vaccine.

These public health workers will also decide how far to extend a protective ring of vaccination around confirmed case patients. Smallpox Response Teams will vaccinate contacts of confirmed cases as they identify them, but if large numbers of people need to be vaccinated local public health departments and others who have agreed to help will open vaccination sites to give vaccinations.

This strategy has been adopted because if people most at risk of catching the disease due to exposure are vaccinated, the disease cannot spread as easily to others, including those who were not vaccinated and those who have conditions that make vaccination risky. The same public health and medical care workers who provide vaccination will keep track of the people who get vaccinated to be sure that the vaccine “took” and to look for complications related to the vaccination.

The plan does not anticipate vaccinating everyone in the state if we have isolated cases of smallpox. The ring vaccination approach used in the 1970’s works. It successfully eliminated the disease. However, if large numbers of people have been exposed to smallpox, the plan also accounts for vaccination of all Kentuckians. Any decision to vaccinate everyone would require that state and federal health officials consult with the governor and others. If it becomes necessary, state and local health personnel and others will activate their enhanced plans to protect Kentuckians as quickly as possible.

### **Isolation and Quarantine**

The plan calls for patients suspected of having smallpox to be isolated in appropriate infection control facilities in hospitals or other buildings adapted for smallpox treatment. People who were exposed but have not developed symptoms will be vaccinated. People who were vaccinated and develop symptoms will be kept in a hospital setting. Generalized quarantine of parts of the population will be instituted as a last resort when other containment measures are unable to control the spread of the disease.

### **Communication and Public Information**

The plan calls for the state and local public health departments to work together to provide timely and accurate information to the media and the public. The plan outlines protocols for holding news briefings to update the media at appropriate intervals, updating of the Department for Public Health website twice each day, and providing information to the public, among others.